

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

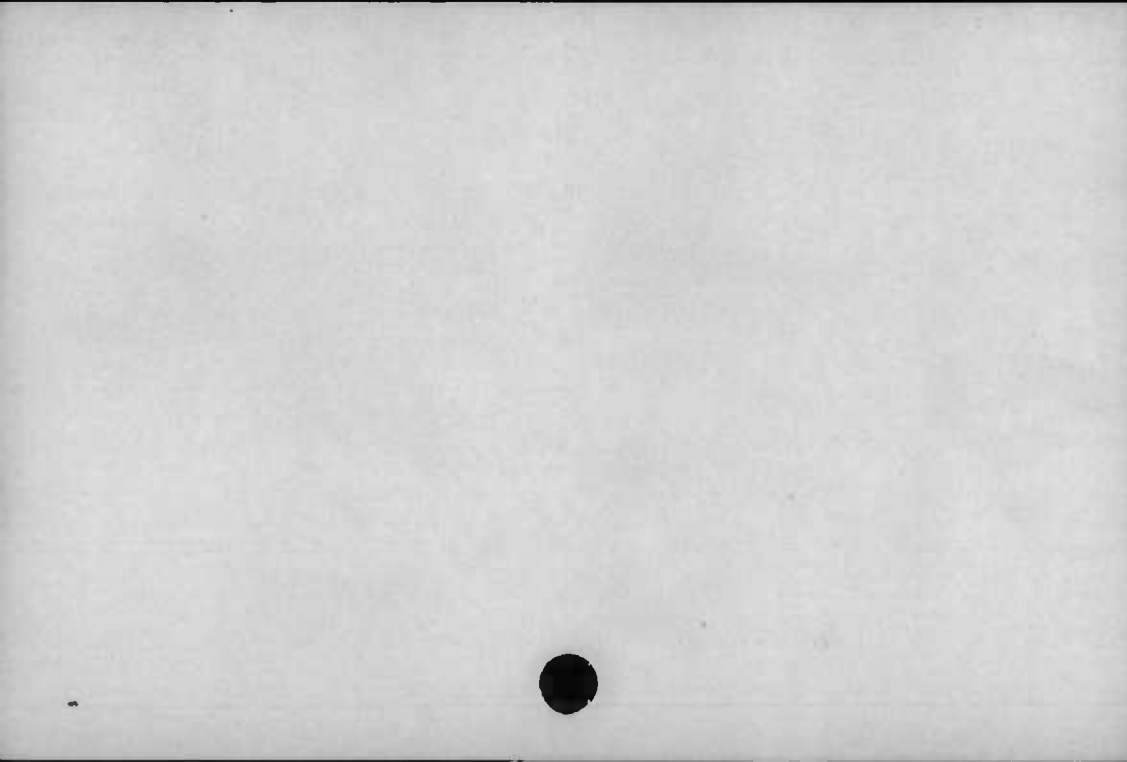
Died at		Town <i>Pier</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>Oct.</i>	Day <i>31st</i>	Age Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Carroll County</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death			Place of death			
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>						
Father's Name <i>Geo. W. Bear</i>	Father's Birthplace <i>Missouri</i>						
Mother's Maiden Name <i>May Becraft</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Geo. W. Bear</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	-
Immediate	<i>none</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. H. Ward, M.D.</i>
		Address	<i>Harrisonville, Mo.</i>
			<i>Balls Bl. Co. Mo.</i>
Accident or Suicide?			



Name in Full		404 403 CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Edgar Gilbert</i>		Town <i>Bachmans Valley</i>		County <i>Bixler</i>	
	Date of death <i>1908</i>		Month <i>Oct</i>	Day <i>19</i>	Age <i>Carroll</i>	
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
	Father's Name <i>Herbert Bixler</i>		Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Barrie Knott</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs Barrie Bixler</i>		How related to deceased <i>Mother</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(71)</div>						
PHYSICIAN OR CORONER	Primary <i>Convulsion</i>		How long <i>unknown</i>			
	Immediate <i>Cardiac Syncope</i>		How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas R Foutz</i>			
	Accident or Suicide? <i>no</i>		Address <i>Washington Md</i>			

Bighlers Cemetery
Stoner

Name
in
Full407
CERTIFICATE OF DEATH

Mary Alice Black

TO BE ANSWERED BY
NEAREST FRIEND

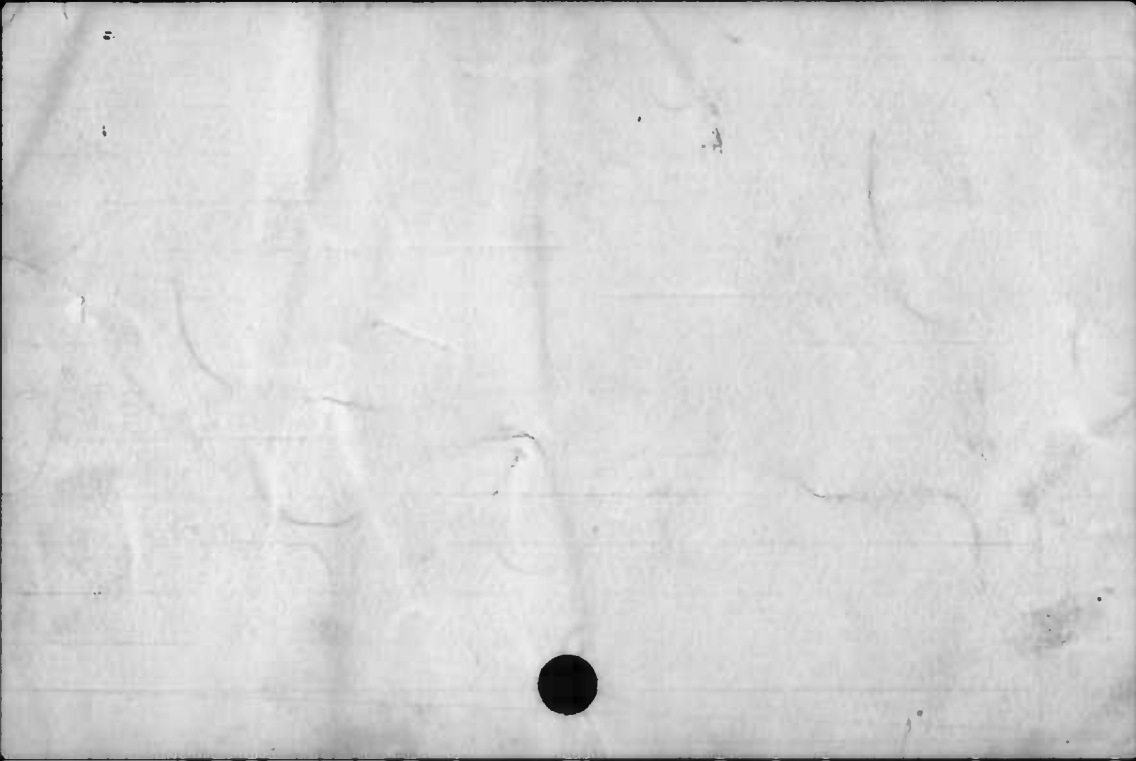
Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	20
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>Closed</i>		Birth-place <i>Maryland</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John H. Black</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Key</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John H. Black</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>4 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Dain</i>	
		Address <i>Westminster</i>	
Accident or Suicide?		<i>Ind.</i>	



Name
in
Full

Frank A. Bosse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

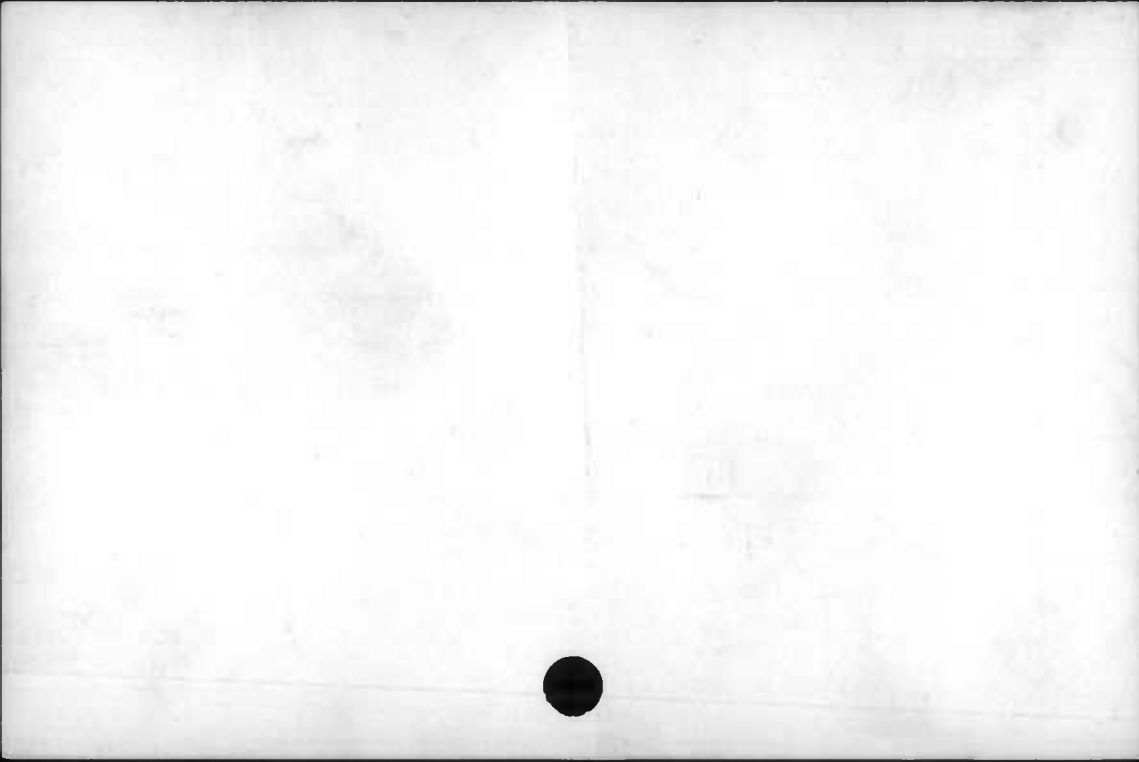
Died at <i>Springfield Hosp</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>Salesman</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Joseph C. Bosse</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Albert</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital record</i>			How related to deceased				

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	<i>General Paralysis</i>	How long	<i>8 months (?)</i>
Immediate	<i>Gastritis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. J. Carey</i>	
		Address <i>Sykesville Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full406
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Francis J. Classon
 Died at *Westminster* Town *Carroll* County
 Date of death *1908 Oct 19* Age *67* Years Months *8* Days *5*
 Sex *Male* Color or Race *White* Birth-place *Maryland*
 Occupation *House Carpenter* Where Residing if not at place of death _____
 Married, Single or Widowed *Married* Name of Wife or Husband *Annie M. Adlesburger*
 Father's Name *John J. Classon.* Father's Birthplace *England*
 Mother's Maiden Name *Annie M. Stormy* Mother's Birthplace *Maryland*
 Name of person giving information *Annie M. Classon* How related to deceased *Wife*

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Accident fall from building* How long _____
 Immediate *Shock.* How long *79 hours.*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Chas. R. Foutz*
 Address *Westminster Md.*
 Accident or Suicide? *No*

St Johns Cat Cem

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

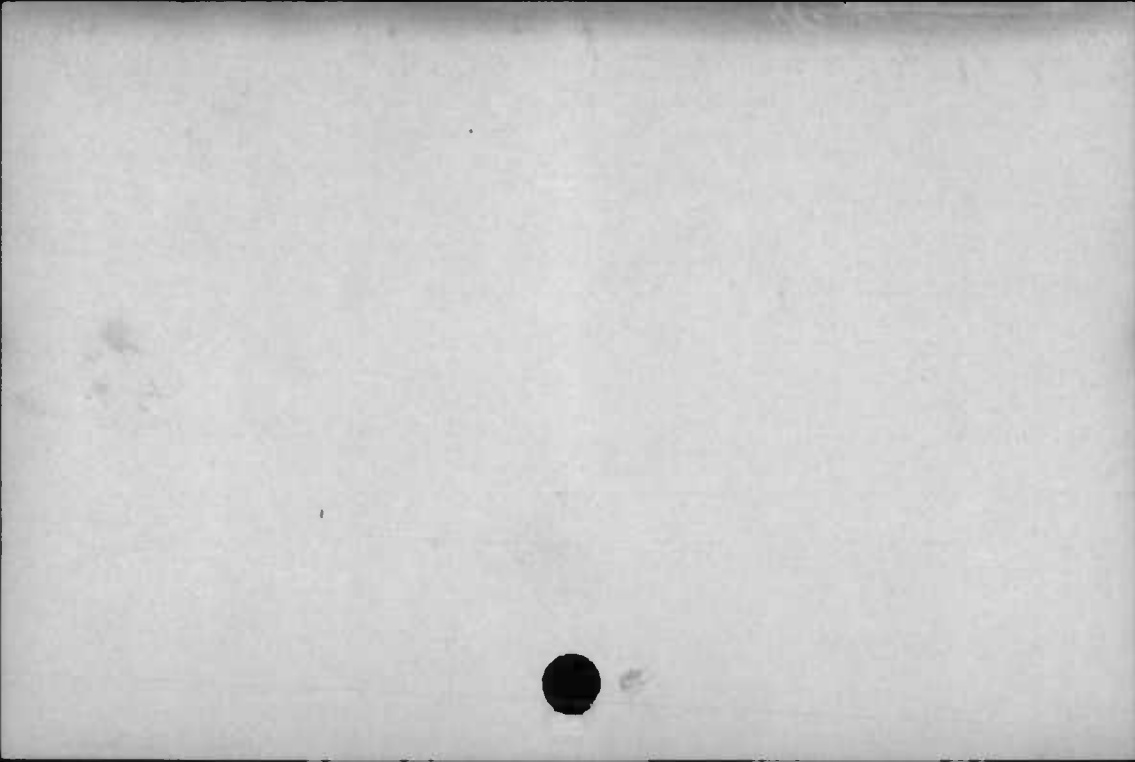
Died at		Town <i>Copfield.</i>		County <i>Carroll.</i>		MARYLAND	
Date of death	1908.	Month <i>Oct.</i>	Day <i>29th</i>	Age	Years	Months	Days <i>2.</i>
Sex	<i>Female.</i>		Color or Race	<i>White.</i>		Birth-place	<i>Maryland.</i>
Occupation	<i>Infant.</i>		Where Residing if not at place of death		<i>Place of death.</i>		
Married, Single or Widowed	<i>Infant.</i>		Name of Wife or Husband		<i>Infant.</i>		
Father's Name	<i>Clarence E. Copfield.</i>					Father's Birthplace	<i>Maryland.</i>
Mother's Maiden Name	<i>Mamie Phillips.</i>					Mother's Birthplace	<i>Maryland.</i>
Name of person giving information	<i>Clarence E. Copfield.</i>					How related to deceased	<i>Father.</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth.</i>	How long	<i>Six months Preg.</i>
Immediate	<i>Exhaustion.</i>	How long	<i>Two days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Wm. H. Ward, M.D.</i>	
		Address	
		<i>Harrisonville.</i>	
		<i>Balto. Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

Alexander Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} New Windsor ^{County} Carroll

MARYLAND

Date of death 1908 Oct 6 Age 91 Months 1 Days 26

Sex Male Color or Race White Birth-place Westminster

Occupation Retired Farmer Where Residing if not at place of death New Windsor

Married, Single Widowed Name of Wife or Husband Margaret Cornell

Father's Name Richard Cornell Father's Birthplace Maryland

Mother's Maiden Name Sarah Brown Mother's Birthplace Westminster

Name of person giving information Miss Julia Cornell How related to deceased Daughter

CAUSES OF DEATH

154

Primary Old age How long

Immediate Neuralgia How long Eight hours

Are the name, age, sex, color, date and place correctly given above? Yes

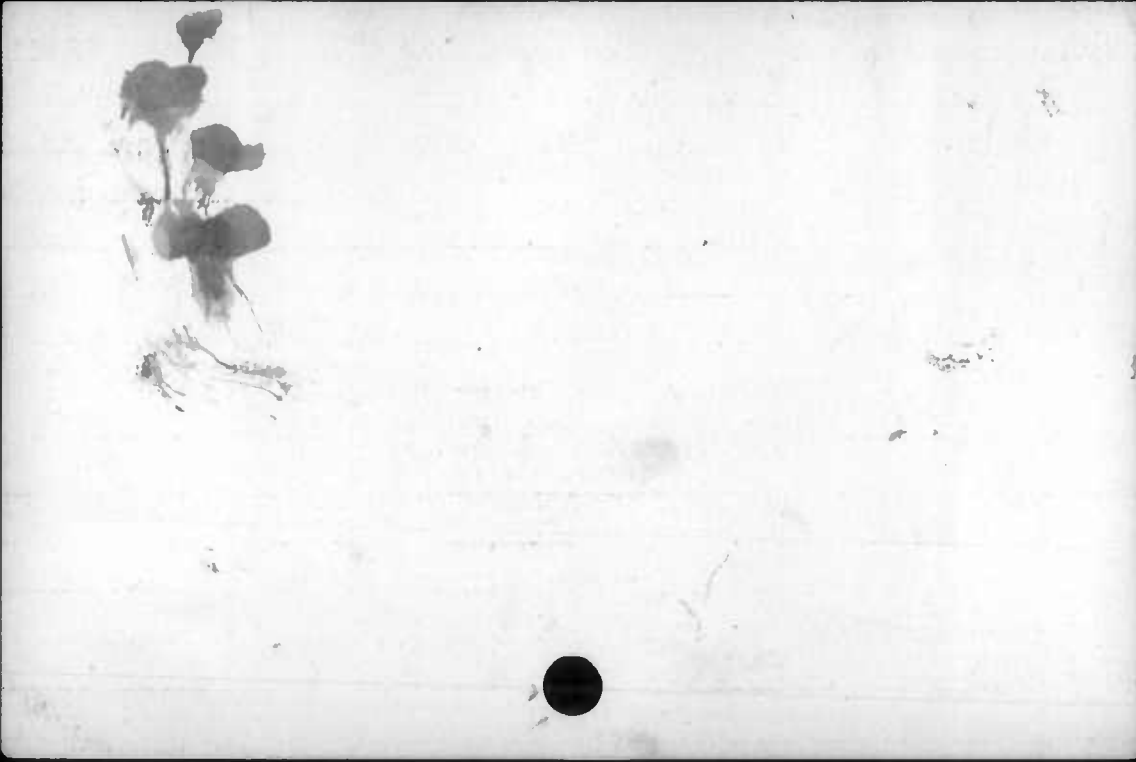
Signature of Physician E. H. Brown

Address New Windsor

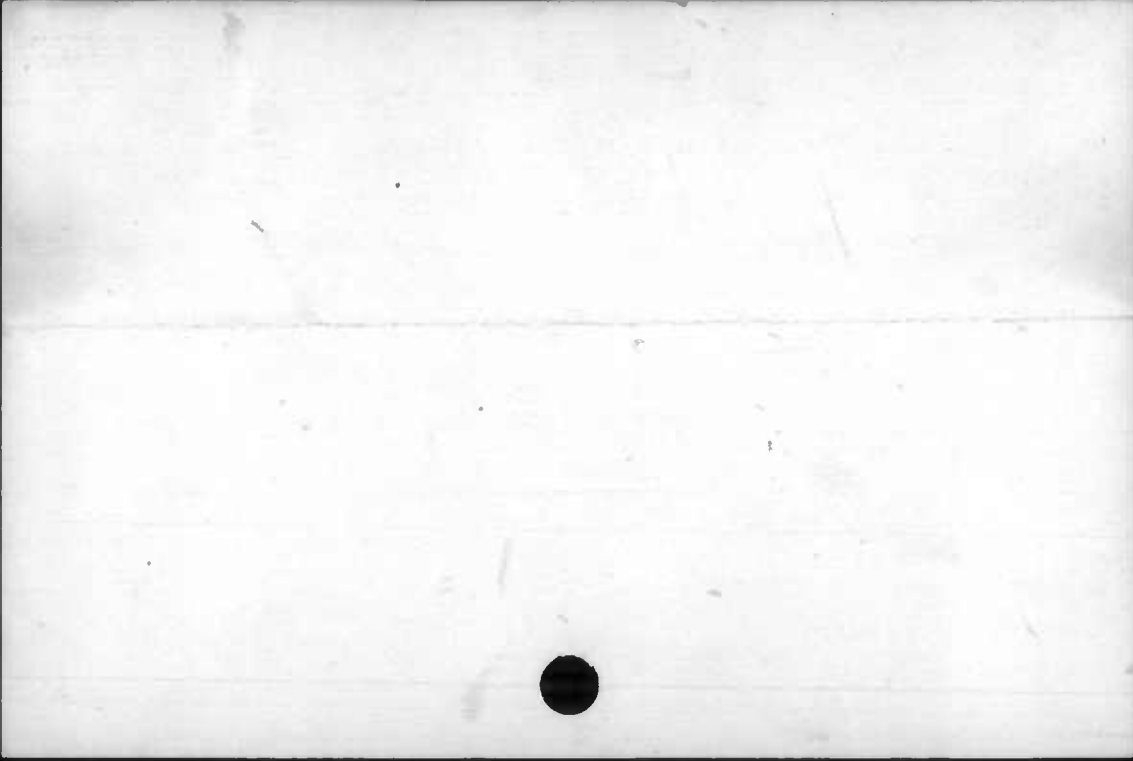
Accident or Suicide?

Md

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
John M. DeLashmunt		MARYLAND			
Died near <i>Put Airy</i>		County <i>Carroll</i>			
Date of death <i>1908 Oct. 2</i>		Age <i>72</i>		Months <i>5</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White American</i>		Birth-place <i>Montgomery Co. Md.</i>	
Occupation <i>Merchant & Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. DeLashmunt</i>			
Father's Name <i>Elias L. DeLashmunt</i>		Father's Birthplace <i>Fred Co.</i>			
Mother's Maiden Name <i>Eliza Michael</i>		Mother's Birthplace <i>Fredk. Co.</i>			
Name of person giving information <i>Mary E. DeLashmunt</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH					
Primary <i>Heart Disease</i>		How long <i>5 mos.</i>			
Immediate <i>Heart Disease</i>		How long <i>1 wk</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. E. Daves</i>			
		Address <i>Put Airy Md</i>			
Accident or Suicide?					



Name
in
Full

Eliza Dice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

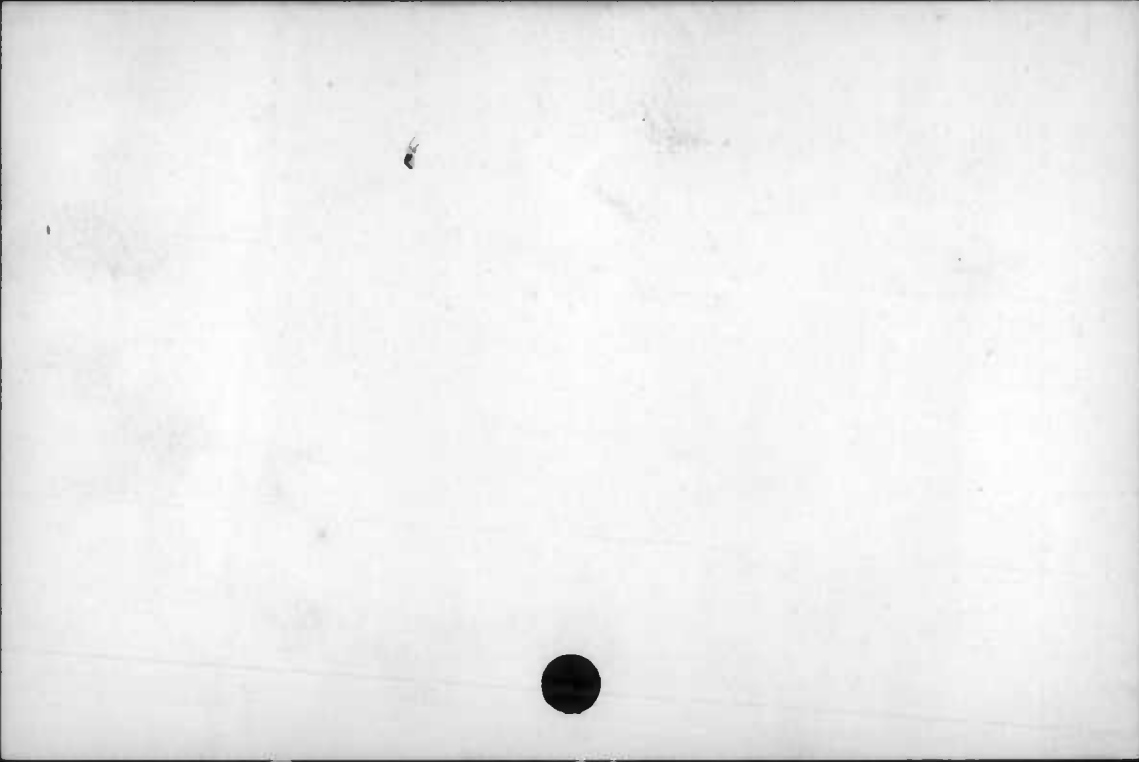
Died at		Town Melrose		County Carroll		MARYLAND	
Date of death		1908	Month Oct	Day 13	Age 84	Years 4	Months 15
Sex Female		Color or Race White		Birth-place Carroll Co.			
Occupation Housewife		Where Residing if not at place of death Melrose					
Married, Single or Widowed Widowed		Name of Wife or Husband Andrew Dice					
Father's Name Henry Garret		Father's Birthplace Unknown					
Mother's Maiden Name Wolford		Mother's Birthplace York Co.					
Name of person giving information Mr. C. F. Dice		How related to deceased Son					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Appoplexy	How long	19 days
Immediate		How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Szigler	
		Address Melrose Md	
Accident or Suicide?			



Name
in
Full

Charles H. Engel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Springfield Hospital* County *Carroll* **MARYLAND**

Died at *Springfield Hospital*

Date of death *1908* Month *Oct* Day *11th* Age *64* Years Months Days

Sex *male* Color or Race *White* Birth-place *Pa.*

Occupation *Iron-dealer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *John Engel* Father's Birthplace *Pa.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Pa.*

Name of person giving Information *Hospital records* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

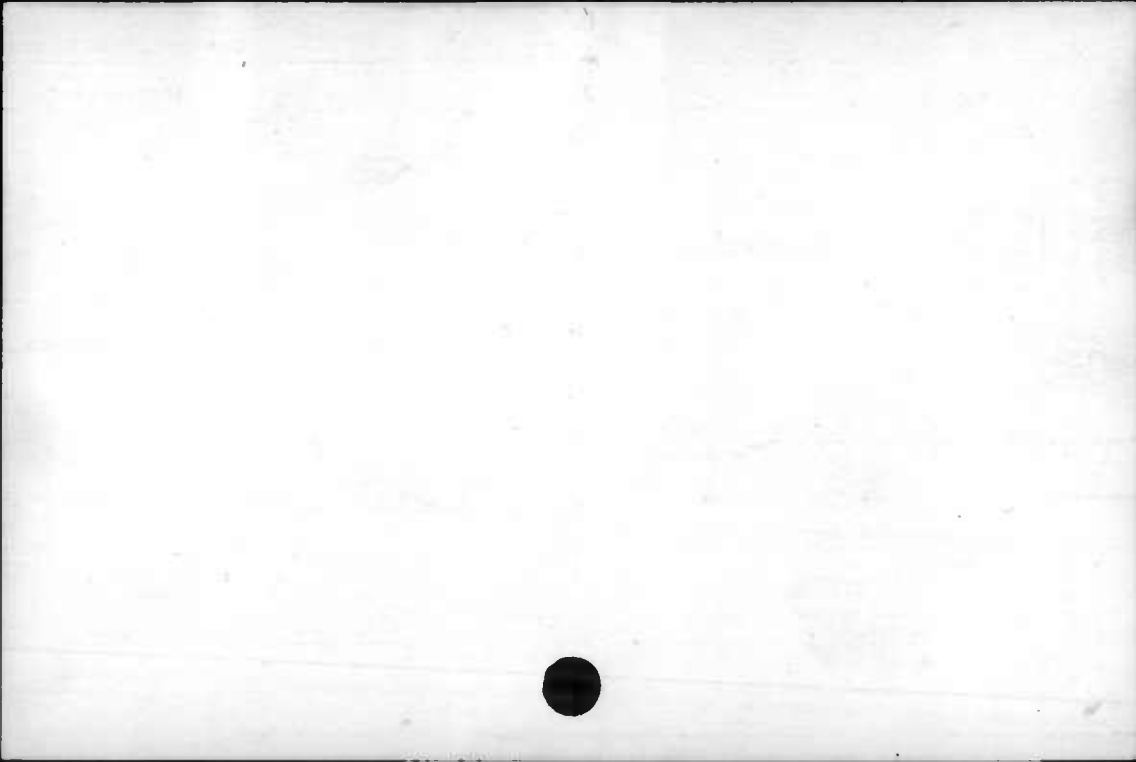
Primary *Carcinoma of Stomach* How long *Six months*

Immediate *General debility* How long *Progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. J. Carley*

Address *Snyderville Md.*

Accident or Suicide *no*



Name
in
Full

Nettie Pearl Howble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

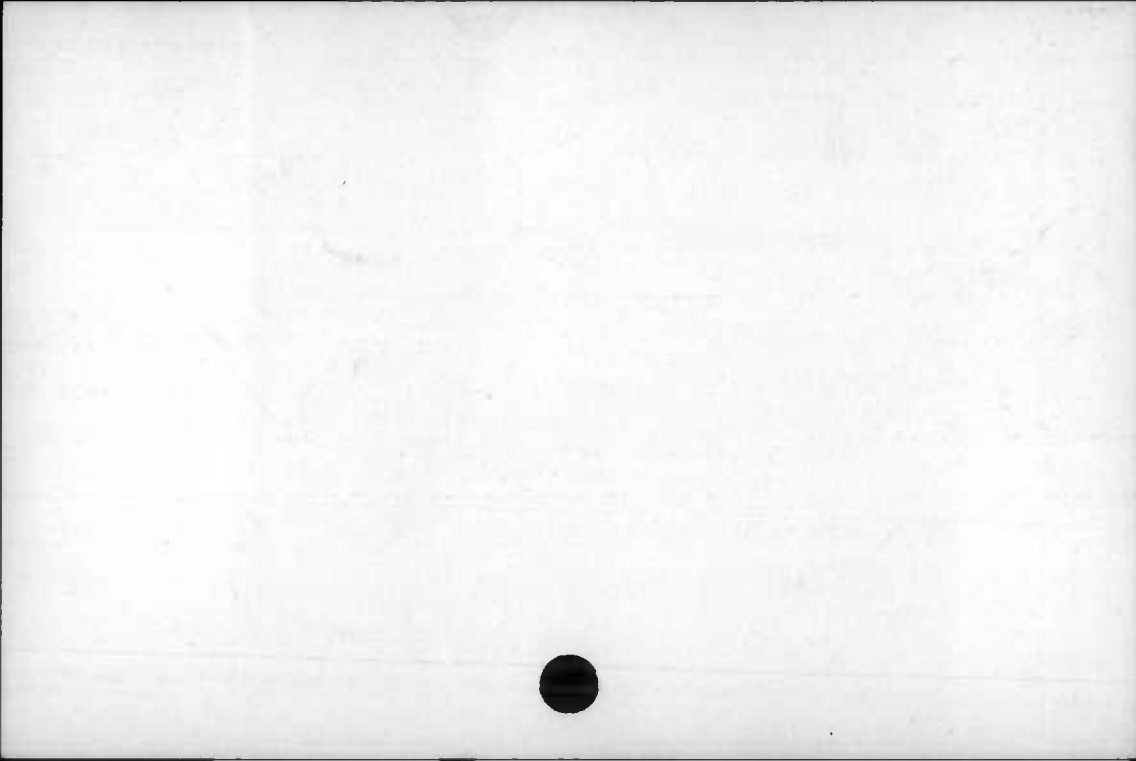
Died near ^{Town} Hampstead ^{County} Carroll		MARYLAND	
Date of death 1909	Month 10	Day 23	Age 25
Sex Female	Color or Race White	Birth-place near Hampstead	Months 7 Days 9
Occupation At home	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Frederick Howble	Father's Birthplace Not known		
Mother's Maiden Name A. Eliza Bowdley	Mother's Birthplace " "		
Name of person giving information Ada Howble	How related to deceased Sister		

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary Ulcerated Stomach & Bowels	How long Six months
Immediate Anomalous General weakness	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. F. Richards
	Address Hampstead
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

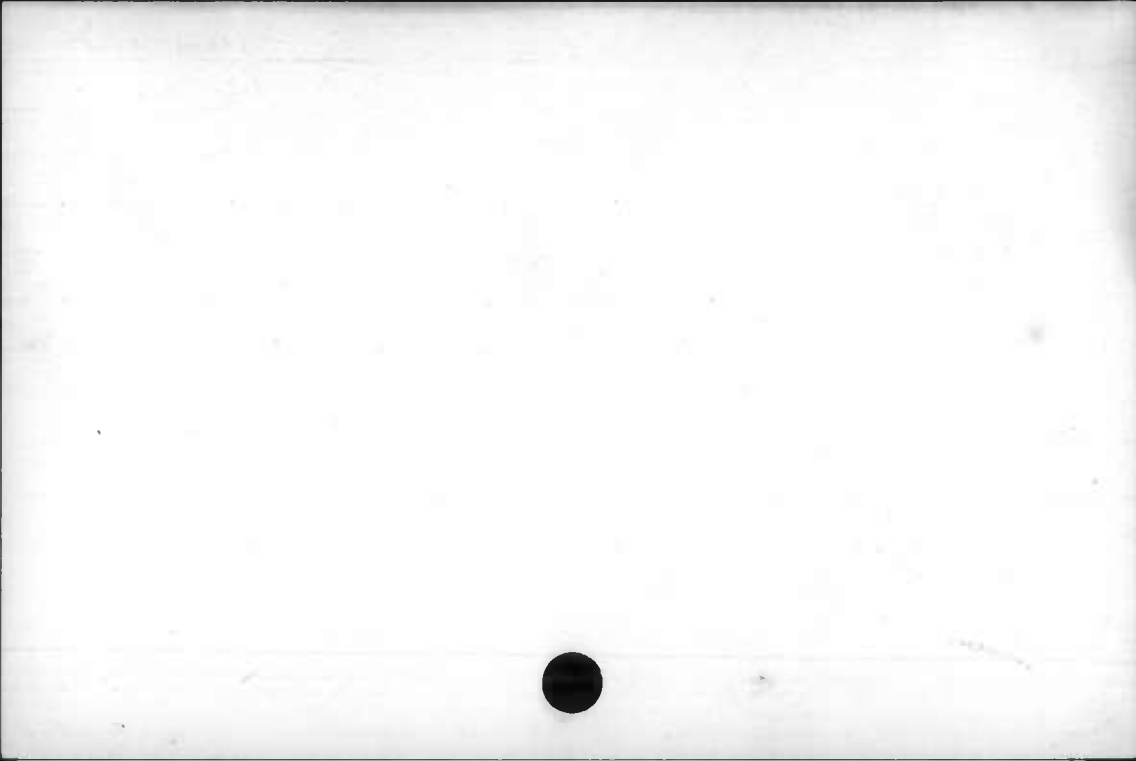
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Mills</i>		Town <i>Frank</i>		County		MARYLAND	
Date of death 190 <i>5</i> <i>Oct.</i>		Month		Day <i>2</i>		Years <i>79</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Union Mills Ind.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Peter Frank</i>					
Father's Name <i>James Bankert</i>		Father's Birthplace <i>Garroll Co. Ind.</i>					
Mother's Maiden Name <i>Sarah Humphrey</i>		Mother's Birthplace <i>Garroll Co. Ind.</i>					
Name of person giving Information <i>John Frank</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary	<i>Chronic dysentery</i>	How long <i>14</i>	<i>14 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Lewis Wetzel M.D.</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Frank Lionel Garver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

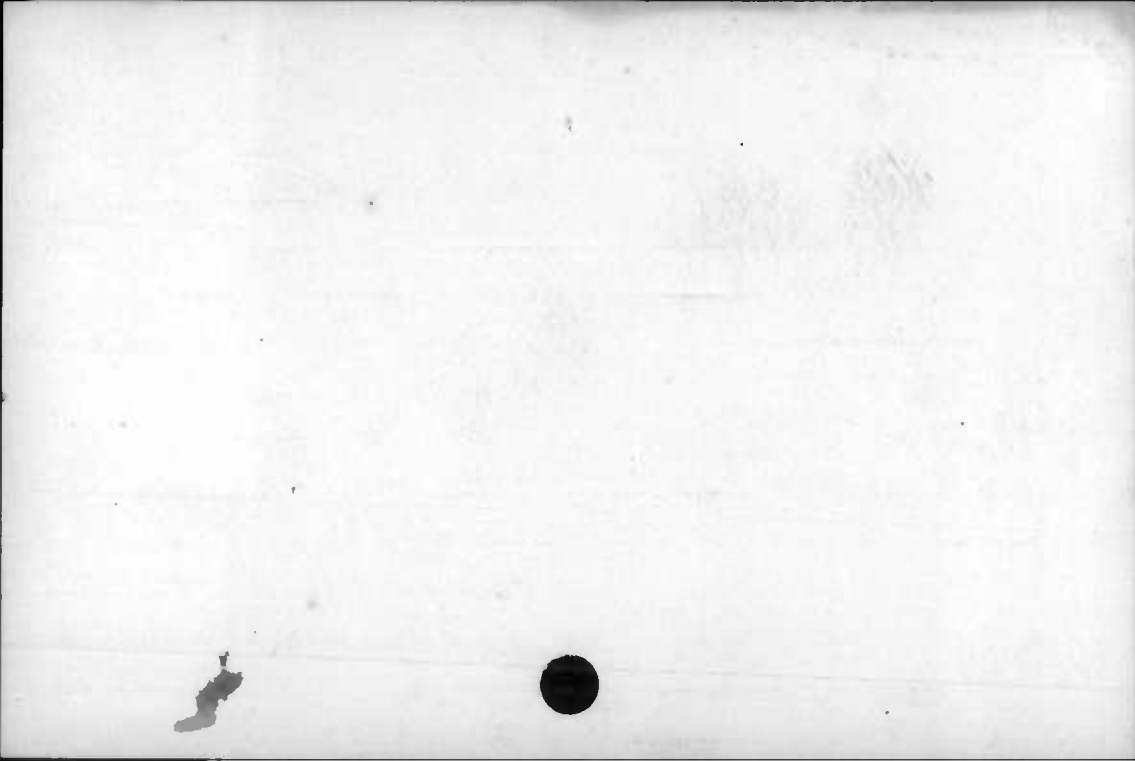
Died at ^{Town} <i>near Sams Creek</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>10</i>	Day	<i>28</i>
Age		Years	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Sams Creek, Md.</i>	
Occupation		Where Residing if not at place of death <i>near Sams Creek</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>George W. Garver</i>		Father's Birthplace <i>Liberty, Md.</i>			
Mother's Maiden Name <i>Maggie C. Garver</i>		Mother's Birthplace <i>Sams Creek, Md.</i>			
Name of person giving information <i>George W. Garver</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Pathological Condition of urinary tract</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. T. Crumb</i>
		Address <i>Taylorville, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. Hartley Gladden

Died at *Cahlefield* ^{Town} *(Cmell Co. Md)* ^{County} *Carroll*

MARYLAND

Date of death *1908* ^{Month} *October* ^{Day} *17th* ^{Years} *Two* ^{Months} *Six* ^{Days} *One*

Sex *Male* Color or Race *White* Birth-place *Riesterstown*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Henry Luther Gladden* Father's Birthplace *Snow Hill Md.*

Mother's Maiden Name *Mollie E. Logue* Mother's Birthplace *Riesterstown Md.*

Name of person giving information *Henry Luther Gladden* How related to deceased *Father*

CAUSES OF DEATH

92

Primary *Bronch Pneumonia* How long *7 days*

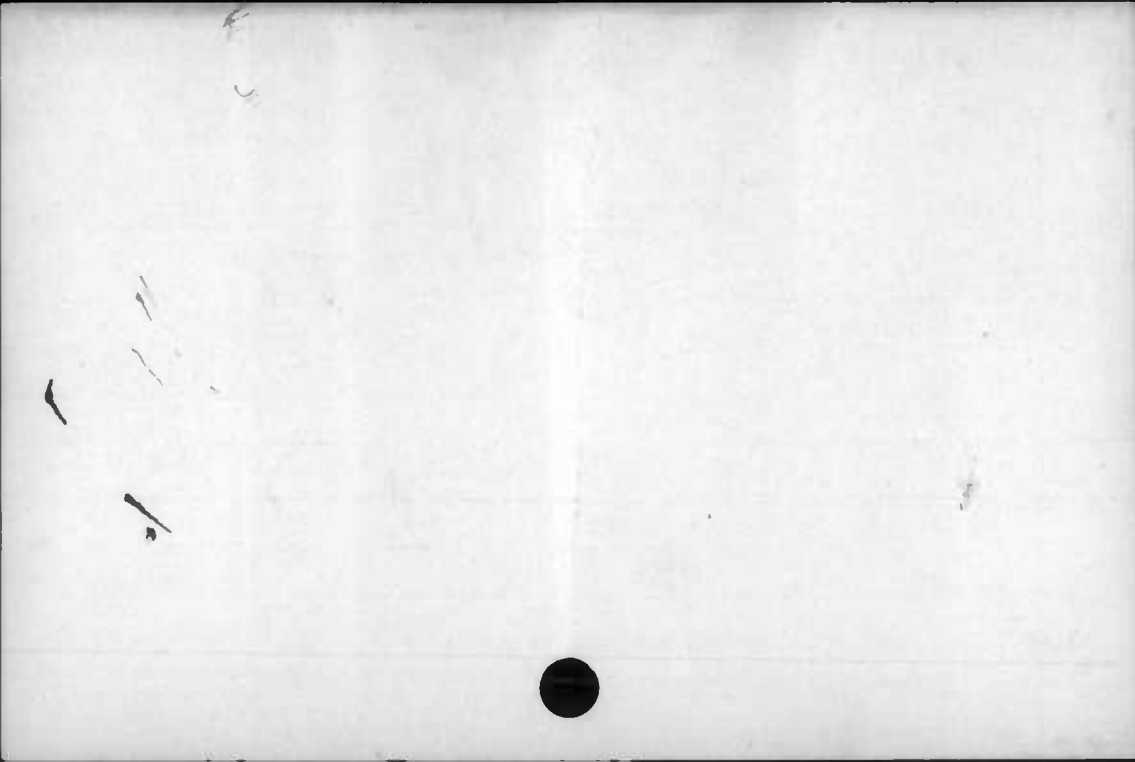
Immediate *Cardiac Asthenia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

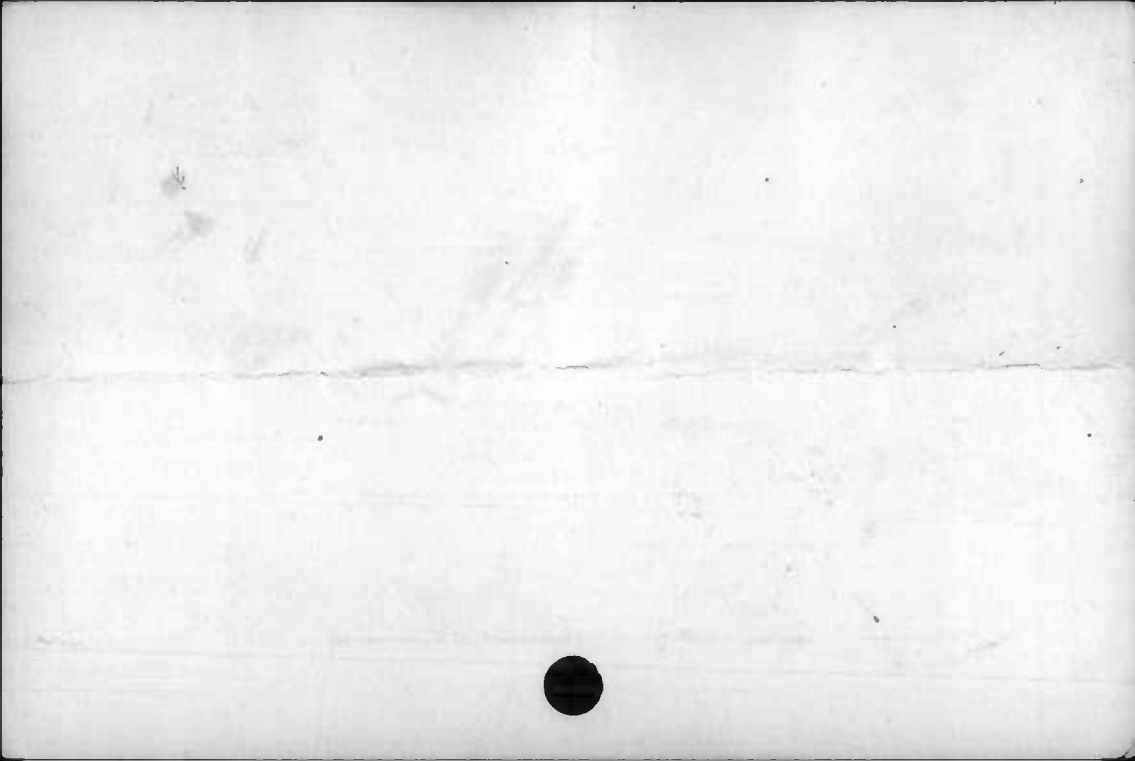
Signature of Physician *Wm. J. Buppert*

Address *Roslyn Baltimore Md.*

Accident or Suicide? *no*



Name in Full		D. Roby Herring				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND						
		Died at		Sykesville	Carroll								
		Date of death	1908	Month	Oct.	Day	29	Age	35	Months	11	Days	29
		Sex	Male		Color or Race	White		Birth-place	Carroll Co. Md.				
		Occupation	Miller (flow)		Where Residing if not at place of death		same						
		Married, Single or Widowed	married		Name of Wife or Husband	Carrie Herring							
		Father's Name	Francis L. Herring					Father's Birthplace	Fred. Co. Md.				
Mother's Maiden Name	Amanda J. Allyice					Mother's Birthplace	Carroll Co. --						
Name of person giving information	Amanda J. Herring					How related to deceased	mother						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>													
PHYSICIAN OR CORONER		Primary					How long						
		Pulmonary Tuberculosis					3 yrs.						
		Immediate					How long						
		Are the name, age, sex, color, date and place correctly given above?					yes.						
Signature of Physician		Address					Eldersburg.						
		no.											
Accident or Suicide?		no.											



Name in Full Sarah Hines		404 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Westminster ^{Town} Carroll ^{County}		MARYLAND
	Date of death 1908 ^{Month} Oct ^{Day} 19 ^{Year} 70	Age 70	Months 2 Days 3
	Sex Female	Color or Race White	Birth-place Maryland
	Occupation None	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Don't Know	Father's Birthplace Don't know	
	Mother's Maiden Name Don't Know	Mother's Birthplace Don't know	
Name of person giving information Augustus Humbert		How related to deceased Friend	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Hemt.	How long 2 years	<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">79</div>
	Immediate Hemorrhage	How long 20 minutes	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John S. Mathias.	
		Address Westminster Co. Md.	
	Accident or Suicide?		

Westminster - Cemetery
Stoner

Name
In
Full

Frederick C. Hornberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sylsville ^{Town} Carroll ^{County} MARYLAND

Date of death 1908 ^{Month} Oct. ^{Day} 23 ^{Years} 44 ^{Months} — ^{Days} —

Sex male Color or Race White Birth-place Balto. City

Occupation Plumber Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Hospital records How related to deceased —

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary General Paralysis How long 4 yrs.

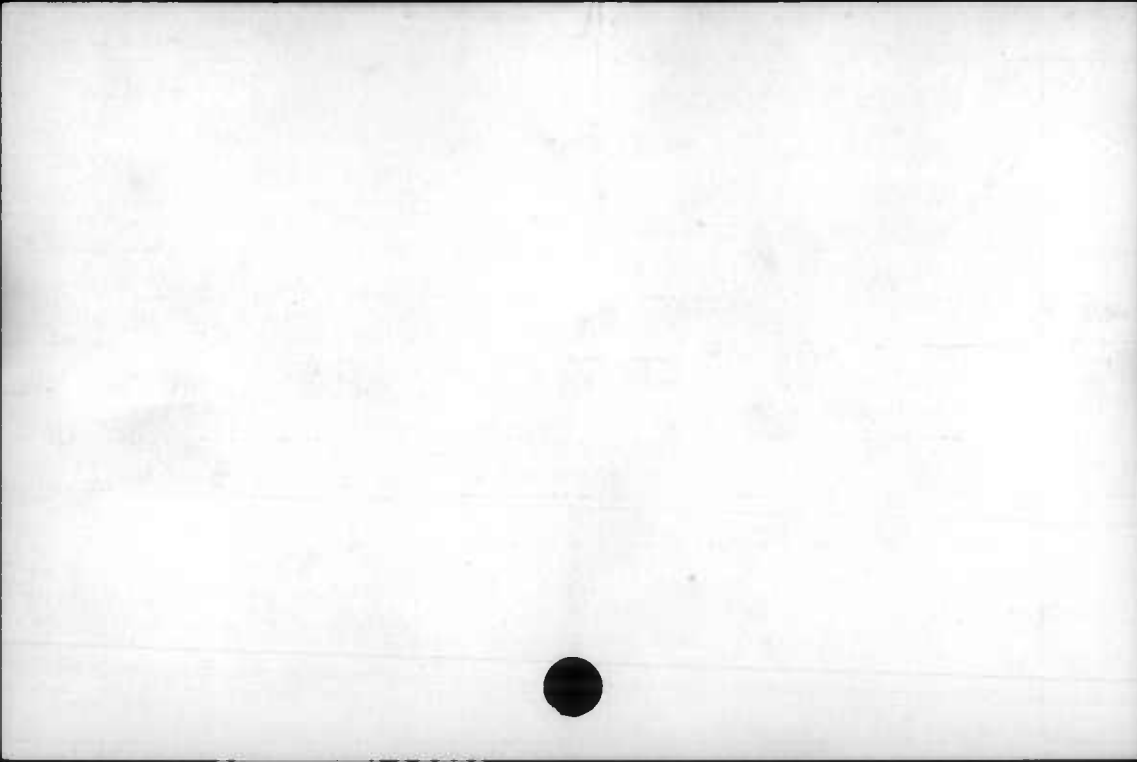
Immediate Exhaustion How long Progressive

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. C. C. C. C.

Address Sylsville, Md.

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

John Kelbaugh

TO BE ANSWERED BY
NEAREST FRIEND

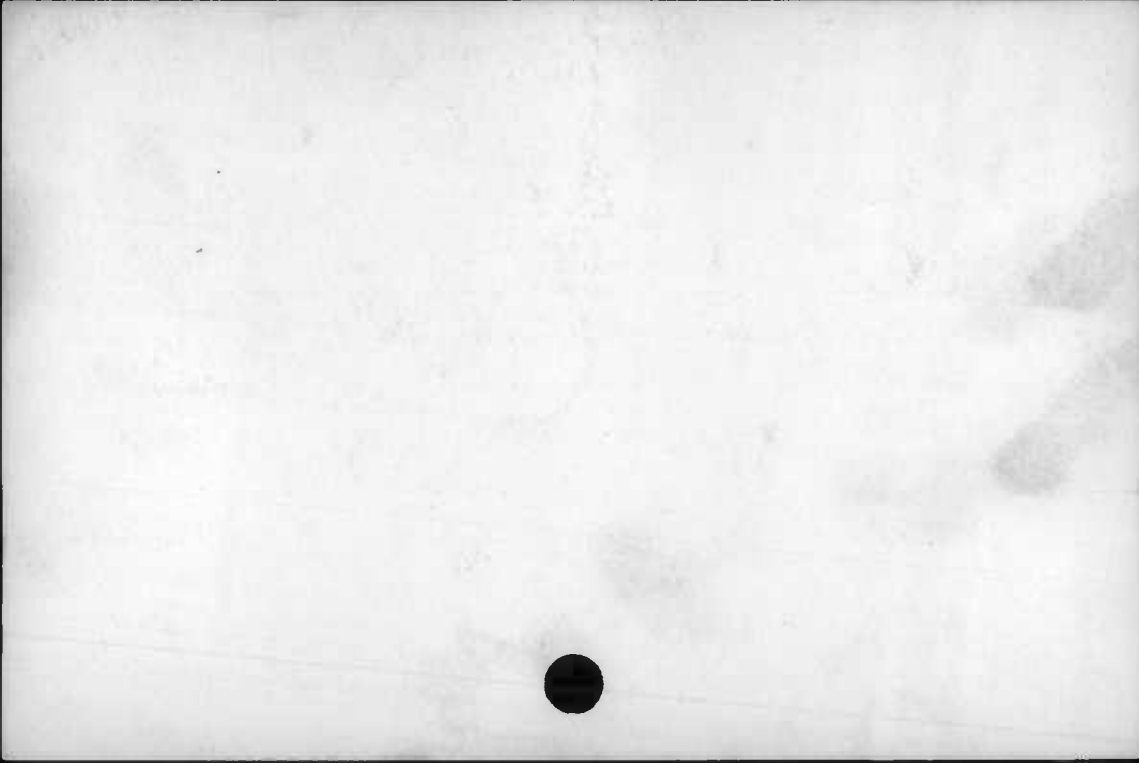
Died at ^{Town} <i>Frederickburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	^{Month} <i>Oct</i>	^{Day} <i>24</i>	^{Years} <i>68</i>	^{Months} <i>4</i> ^{Days} <i>7</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Stone mason</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Berta Kelbaugh</i>		
Father's Name	<i>John Kelbaugh</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ellen Harris</i>		Mother's Birthplace	<i>Carroll Co Md</i>	
Name of person giving information	<i>Dr Mrs Shaffer</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>Twenty Minutes</i>
Immediate	<i>in</i>	How long	<i>in</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Dr Preston W. M. Munchester</i>	
Address		<i>Wm Munchester Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Jessie Husbaum

CERTIFICATE OF DEATH

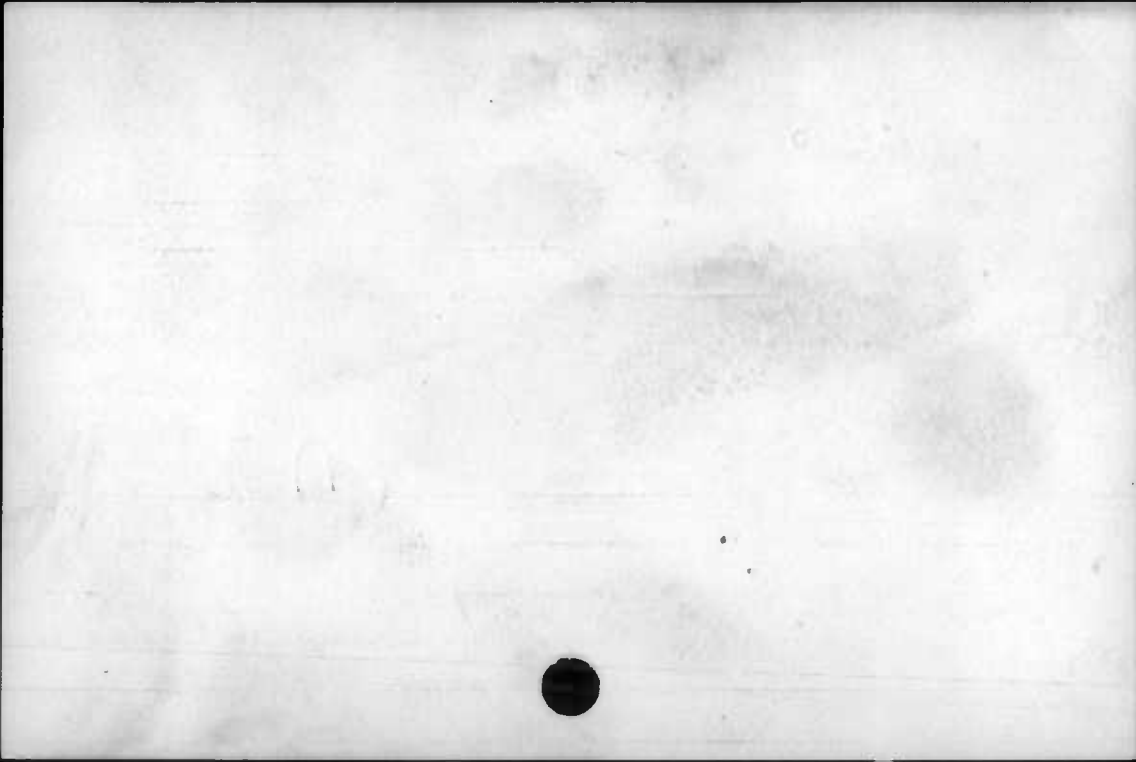
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Union Bridge</u> ^{Town} <u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>20</u>	Years <u>24</u>
Sex <u>Female</u>		Color or Race <u>White</u>	Months <u>0</u> Days <u>0</u>
Birth-place <u>Ind Co Ind</u>			
Occupation <u>House Wife</u>		Where Residing if not at place of death	
Married, Single <u>Married</u>	Name of Wife or Husband <u>Harry A Husbaum</u>		
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Ernest Stephens</u>	How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>Five weeks</u>
Immediate <u>Perforation</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>T. H. Legg</u>
	Address <u>Union Bridge, Md</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Azariah Oursler

408
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

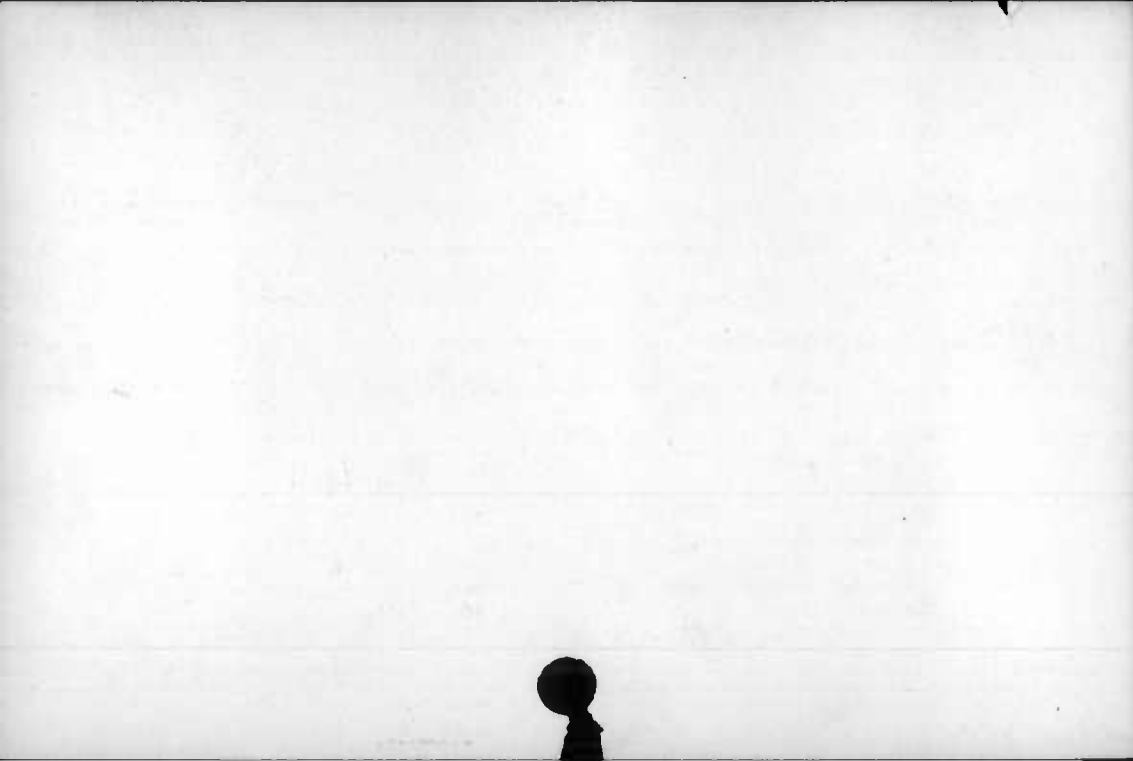
Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Oct</i>	Day	<i>23</i>
Age		<i>90</i>	Years	Months	<i>11</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Retired Journey</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband <i>Julia Burk</i>			
Father's Name	<i>Stephen Oursler</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Hannah Gardner</i>		Mother's Birthplace	<i>Id</i>	
Name of person giving information	<i>A. J. Oursler</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>12 hours</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Jas. H. Billingslea</i>	
		Address	
		<i>Westminster Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full401
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pruse</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>13</i>	Age <i>—</i>	Months <i>—</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis Seiff</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rosa Wineschlar</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Louis Seiff</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. J. Coonan</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>—</i>	

Smallwood

Name
in
Full

Legitimate Child Shearer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

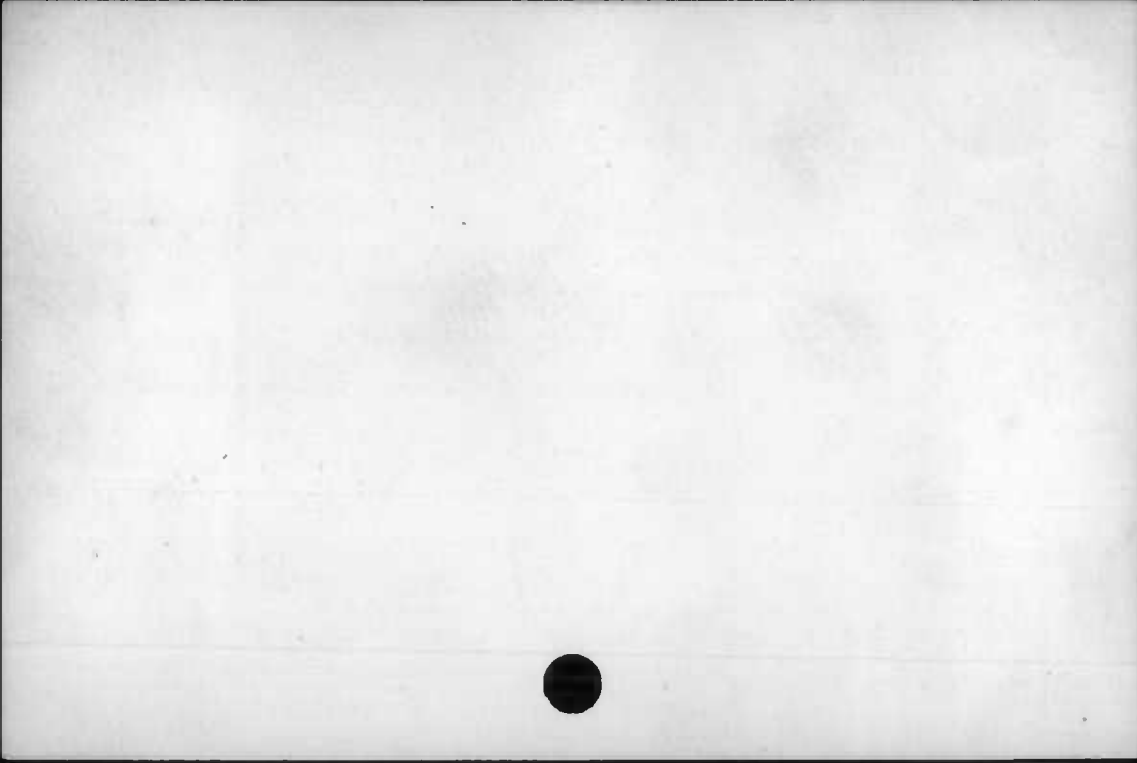
Died at <i>Maple Grove</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>Oct</i>	Day <i>18</i>	Age	Years <i>1</i> Months <i>10</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maple Grove</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Mrs Minnie Shearer</i>			Mother's Birthplace <i>Carroll Co Md</i>		
Name of person giving information <i>Jacob Frank</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Sherman MD</i>	
		Address <i>Manchester Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah C. Sheats*

Died at *New Windsor* ^{Town} *Carroll* ^{County} *MARYLAND*

Date of death *1908 Oct 8* ^{Month} *1908* ^{Year} *Oct* ^{Day} *8* ^{Age} *60* ^{Months} *8* ^{Days} *22*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House Wife* Where Residing if not at place of death *New Windsor*

Married, ~~Single~~ *Married* Name of Wife or Husband *Abraham Sheats*

Father's Name *William Yingling* Father's Birthplace *Maryland*

Mother's Maiden Name *Mukawor* Mother's Birthplace *Maryland*

Name of person giving information *Abraham Sheats* How related to deceased *Husband*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *General Paralysis* How long *18 months*

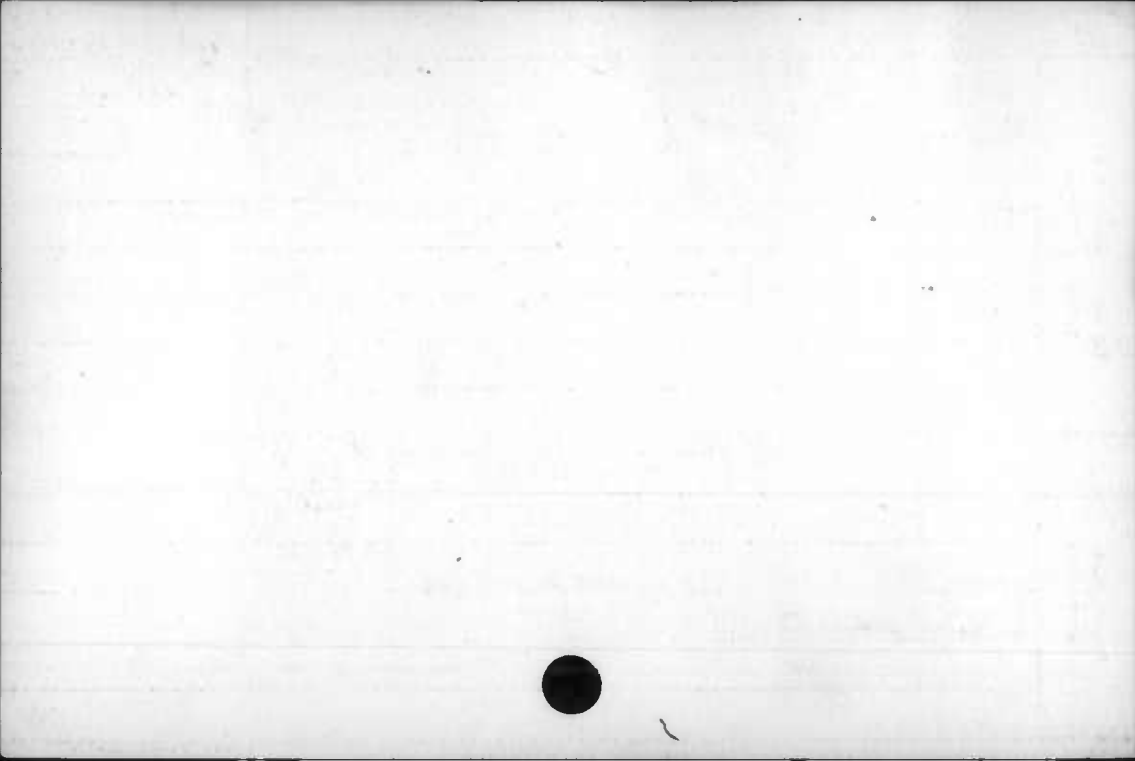
Immediate *Exhaustion* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Brown*

Address *New Windsor*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

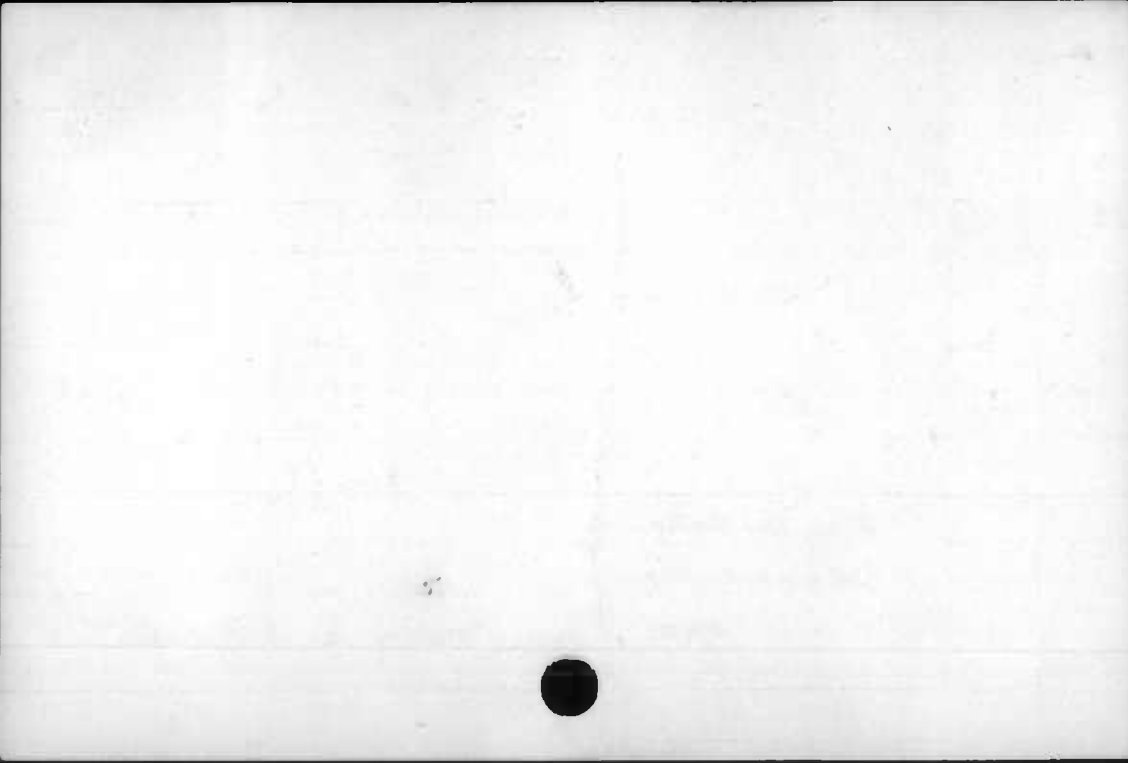
Died at		Town		County		MARYLAND	
Date of death	1903	Month	Oct	Day	33	Age	70
Sex		Male		Color or Race		White	
Occupation		Laborer		Where Residing if not at place of death		Winnetonka	
Married, Single or Widowed		Married		Name of Wife or Husband		Lucinda Sittig	
Father's Name		John Sittig		Father's Birthplace		Germany	
Mother's Maiden Name		Mary E. Sittig		Mother's Birthplace		Germany	
Name of person giving information		Martha E. Dayhoff		How related to deceased		Daughter	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Fatty Degeneration of Heart	How long	5 Years
Immediate	General Anasarca	How long	Six Months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Lucas Kemp	
Address		Winnetonka, Md.	
Accident or Suicide?			



Name
in
Full399
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patterson</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>5</i>	Age <i>82</i>	Months <i>1</i> Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Michael Snyder</i>				
Father's Name <i>Peter Patterson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary M Roelley</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Charles Spencer</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	
Immediate	<i>dian hwa</i>	How long	<i>3 weeks?</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry M. Fitchy, M.D.</i>	
<i>yes</i>		Address <i>Westminster Ind</i>	
Accident or Suicide?			

Patapsco Cemetery

Name
in
Full

Elijah Sterner

402
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bird Hill</i> ^{Town} <i>+</i>		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>48</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nath Sterner</i>				
Father's Name <i>Leri Handley</i>	Father's Birthplace <i>Mad</i>				
Mother's Maiden Name <i>Elizabeth Shaeffer</i>	Mother's Birthplace <i>Mad</i>				
Name of person giving information <i>Arthur Zalus</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>4 months</i>
Immediate <i>"</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Ym</i>	Signature of Physician <i>M. L. Batt</i>
	Address <i>Westminster, Md</i>
Accident or Suicide? <i>2</i>	

Mt Pleasant Cemetery
at Gamber
Stoner.

Name
in
Full

George W. Weant

CERTIFICATE OF DEATH

Town

County

Died at Near Harney

Carroll

MARYLAND

Date of death 1908 Oct

Day

6

Age 55

Months

7

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Wash Co Ind

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Clara J Weant

Father's
Name

Samuel Weant

Father's
Birthplace

Wash Co Ind

Mother's
Maiden Name

Agnes Fisher

Mother's
Birthplace

" " "

Name of person giving
In formation

Clara J Weant

166

How related
to deceased

Wife

CAUSES OF DEATH

head first.

Primary

Concussion & Compression of brain

How long

24 hours

Immediate

Coma. Failure of respiration

How long

42 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. H. Deiss.

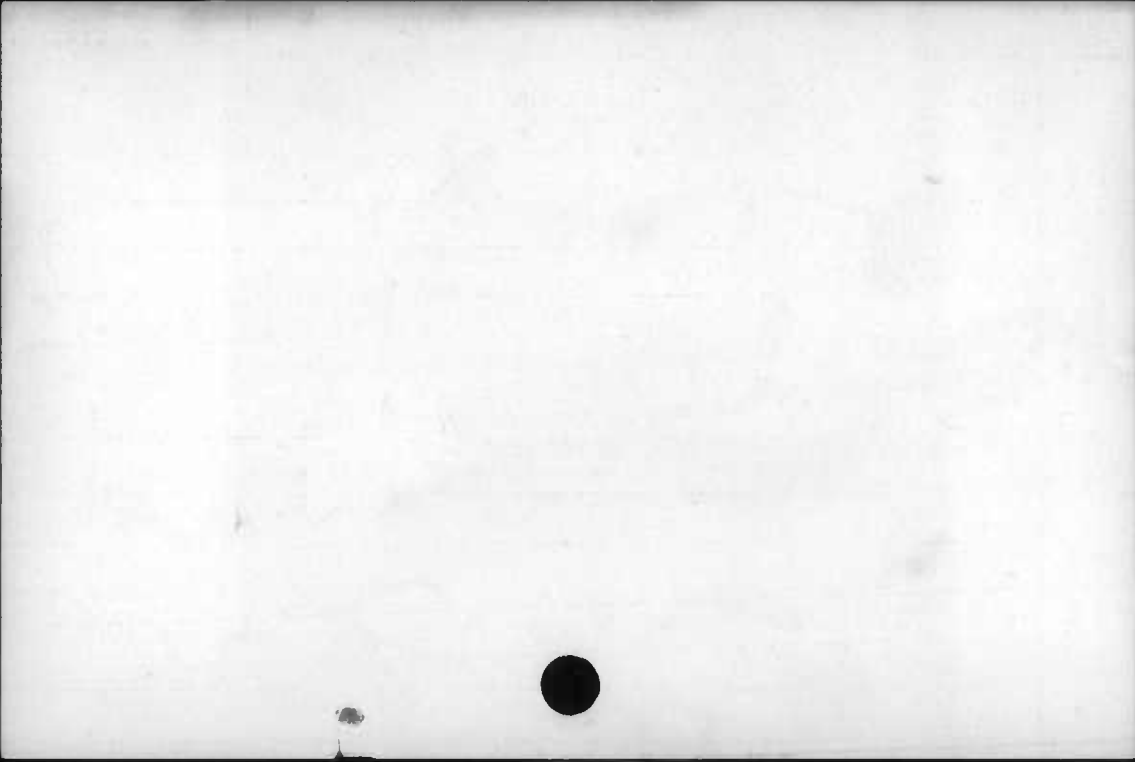
Address

Harneytown.

Accident

Yes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERwas thrown from buggy
against a tree, striking



Name
in
Full

Barbra E. Welnosky

405
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Westminster ^{County} Carroll

MARYLAND

Date of death 1908 Oct 17 Age 69 Months 3 Days —

Sex Female Color or Race White Birth-place Russia

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Charles Welnosky

Father's Name Henry Know Father's Birthplace unknown

Mother's Maiden Name Warr Know Mother's Birthplace unknown

Name of person giving information Joseph J. Welnosky How related to deceased Son

CAUSES OF DEATH

(66)

Primary Paralysis How long Some years

Immediate Heart Disease How long Some years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Jas. H. Billingslea
Westminster Md.

Accident or Suicide? No -

St Johns
Stones

Name
in
Full

Allethia Blanch Woller

400

CERTIFICATE OF DEATH

Died at Westminister

Town

Carroll

County

MARYLAND

Date of death 1908 Oct

Month

Day

Age

Years

Months

Days

10

39

9

Sex Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Edward

Woller

Father's
Name

Eli Siggs

Father's
Birthplace

Maryland

Mother's
Maiden Name

Nora Kirrucks

Mother's
Birthplace

Do

Name of person giving
In formation

Lota V Ross

How related
to deceased

Sister

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis 8 months

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. R. Foutz, M.D.

Address

Westminister

Accident or Suicide?

no

Med

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Rentdown

Name
in
Full

Charles Eugene Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Toneytown		County Carroll		MARYLAND	
Date of death		1908	Month Oct	Day 31	Age 1	Years	Months 1
Sex male		Color or Race white		Birth- place Toneytown Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		C. Edgar Young		Father's Birthplace		Harrisburg Pa	
Mother's Maiden Name		M. Henrietta Beindollan		Mother's Birthplace		Toneytown Md	
Name of person giving Information		C. Edgar Young		How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Post. Natal Atetstasis	How long	24 Hours
Immediate	" " "	How long	24 "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Charles B. Roop	
Address		Toneytown Md.	
Accident or Suicide?			

